



DIABETES EDUCATION PROGRAMS ARE ON THE RISE ACROSS THE COUNTRY

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By Fred Gebhart

What's the most important element in successful diabetes care? Diabetes specialists say patient education and self-management. Getting the patient actively involved makes the difference between managing diabetes successfully and dealing with premature cardiovascular disease, amputation, blindness, renal failure, and other complications.

"Ninety-eight percent of the success of any patient is up to that patient," said pharmacist Jerry Meece, certified diabetes educator and director of clinical services at Plaza Pharmacy and Wellness Center in Gainesville, Texas. "It's only the remaining 2 percent of success that is dependent on the help of healthcare professionals."



Getting patients involved was a key part of the Asheville Project, a pioneering pharmacy-based diabetes management program that was launched with little fanfare in Asheville, N.C., more than a decade ago. The self-insured City of Asheville needed a more effective method to manage diabetes among its covered population. The North Carolina Center for Pharmaceutical Care offered a solution: Train pharmacists to manage diabetes care and to train patients to manage themselves.

The new approach worked. Asheville's pharmacy costs grew, but total medical care costs plummeted. Employee sick days decreased and productivity improved. So did mean hemoglobin A1c levels and HDL levels. "The biggest difference in Asheville is patient self-management," said Toni Fera, director of patient self-management

programs at the American Pharmacists Association Foundation.

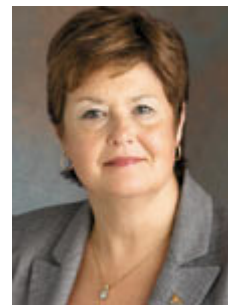
The American Diabetes Association seldom talks about Asheville or any other specific management program. But ask what elements are vital for successful diabetes management, and patient self-management tops the list. "Patient education and patient self-management are key," said Catherine Harvey, DPH, RN, and ADA executive vice president for community programs and publications. "People have a medical team that helps them with the right combination of medications, diet, supplies, and so on. But it is really up to individuals to manage themselves and their disease. Self-management is about how not to live life as a diabetic but how to integrate diabetes into your life."

The ADA is less concerned about where patients learn about diabetes than that they get the self-management skills needed to keep their diabetes under control. Many ADA-approved patient education programs take place in schools and community centers. Pharmacies are another viable venue.

Independent pharmacies

"I was having a lot of patients with diabetes asking for information and help," said Jose Carranza, RPh, owner of Carranza Pharmacy in Modesto, Calif., and winner of AmerisourceBergen's Diabetes Shoppe Living Without Limits Award in 2008. "A lot of people would rather ask their pharmacist than go back to their doctor. They know their doctor doesn't have time to answer questions. I do."

A long-time Good Neighbor Pharmacy owner, Carranza joined AmerisourceBergen's Diabetes Shoppe program about five years ago. The wholesaler provided a two-day diabetes certificate program designed by Jerry Meece that covers the nuts and bolts of diabetes care and patient education. "That training is what differentiates these stores," Scott Robinson, director of AmerisourceBergen's business coaching operations, said. "Unless you provide the patient with a very specific resource, there is no reason for them to come back. We want to make the pharmacist the resource that patients come back for."



Catherine Harvey, DPh, RN; ADA Executive VP

Carranza also added special diabetic products such as sugar-free over-the-counter (OTC) formulations, sugar-free candies, footwear, oral products, topical creams, free glucose meters, and extended lines of diabetic supplies. He offers bi-monthly classes with a certified diabetes educator and is available for personal consultations. "A lot of people end up coming to my classes. They tell their friends, who also end up coming to my classes and to my two stores. It is paying off with a larger and very loyal customer base," Carranza said.



Jose Carranza, RPh; Owner, Carranza Pharmacy

Diabetes Shoppe is an important element in AmerisourceBergen's overall business mix. "Retail is a large segment of our business," Ceci Zeigler, national director of patient care solutions, said. "Diabetes Shoppe is a real differentiator for these stores. Quite often, you don't see personal care provided in a chain or in a big box setting. Patients really appreciate that hands-on attention."

Carranza sees it every day. "I get people who drive miles out of their way," he said. "They drive by all the chains because I carry the special products they need, but mostly it's because I can give them the special help they need. I can answer their questions and give them information that they didn't even know they needed."

Expanding the Asheville project

Pharmacists in Asheville are still managing patients with diabetes (as well as asthma and other chronic conditions), but the idea has spread well beyond North Carolina. The APhA Foundation's **Diabetes Ten City Challenge (DTCC)** launched pharmacy-based management programs for more than 100 private-sector employers in 10 cities. Locations include Charleston, S.C.; Chicago; Colorado Springs, Colo.; Cumberland, Md.; Honolulu; Milwaukee, Wis.; northwest Georgia; Pittsburgh; Los Angeles; and Tampa, Fla.

First-year financial results are still being compiled, Fera said. Clinical measures, including A1c, LDL cholesterol, blood pressure, influenza vaccination rates, eye exam rates, and foot exam rates all improved. At the end of the first year, 97.5 percent of patients reported being satisfied or very satisfied with diabetes care provided by pharmacists.

DTCC is being rolled out nationally as **HealthMapRx**. The program is pitched as a turnkey solution for employers using local pharmacy networks to monitor and coach employees to self-manage diabetes under physician supervision. One of the key elements is a patient self-management credential, the first diabetes credential for patients rather than providers or educators. Working toward a credential motivates and empowers patients, Fera said.

One of the most successful implementations is the Lancaster Pharmacists for Improved Health Outcomes (LPIHO), a growing network of about a dozen independent pharmacies around Lancaster, Pa. LPIHO pharmacists see patients monthly for six months and quarterly thereafter. Employers saved about \$5,800 per patient during the first year of operation and are on track for similar savings during the second year, LPIHO network coordinator Michele Brown said. "We are seeing higher drug use and better compliance," she said. "We're getting patients to see their physicians more frequently, so the medical community is extremely supportive. Because patients are taking better care of themselves, total cost of care is down and productivity is up, so employers love it."

Chain-store programs

Walgreens launched a quarterly diabetes newsletter earlier this year. The e-mail newsletter builds on its online Diabetes Center, an online health-corner video show, and a print magazine, *Diabetes & You*. "We could never offer too much information on diabetes," Jude Pierre-Louis, Walgreen's director of diabetes services, said. "Avoiding complications requires the right knowledge, tools, and support."

Support for the chain programs is coming from the Joslin Diabetes Center at Harvard Medical School. Joslin and Walgreens are creating training programs, continuing education, and support tools for pharmacists. The alliance also plans patient education programs with handouts and tips tailored to the elderly and ethnic groups disproportionately affected by diabetes. Links to patient materials will appear on Rx inserts, at <http://Walgreens.com/>, and through other communication channels, Pierre-Louis said. "Bottom line, we want the patient with diabetes to have a better quality of life and avoid some of the complications by helping improve their self-management skills," he said.

Pharmacist associations add support

At least one state group, the North Dakota Pharmacists Association (NDPhA), has also jumped into diabetes patient education. In August the North Dakota Pharmacy Service Corp., a wholly owned subsidiary of NDPhA, launched medication therapy management for state employees, retirees, and other beneficiaries with diabetes.

The program is based on the Asheville initiative, NDPhA executive vice president Michael Schwab said. It grew out of pharmacy-sponsored legislation in 2007 that opens disease-state management to non-physician providers. Claims data show about 2,100 state beneficiaries with diabetes, according to pharmacist Tom Albers, vice president of sales and marketing for Medication Management Systems, the Minneapolis firm administering the North Dakota program. He expects to enroll about 800 patients by the end of the year and expand in 2009. "This is about delivering pharmaceutical care at the highest level," Albers said. "You're not responding to an event with a script, you are coordinating care for the patient and all of the involved providers. It is a significant opportunity for pharmacy." It is also a significant opportunity for revenue. The average Minnesota Medicaid claim for pharmacy consultation is \$92.50, Albers said.